



## Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

### I. Identification of Organization

Hospital Name: FRANCISCAN--ST. MARGARET HEALTH (DYER)

City of Hospital: Dyer

Year Begin: 12/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (mm/dd/yyyy format)

Medicare Provider Number: 15-0090

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$225110466
Outpatient Patient Service Revenue	\$193689279
Total Gross Patient Service Revenue	\$418799745

#### 2. Deductions From Revenue

Contractual Allowance	\$243990103
Other Deductions	\$16851655
Total Deductions	\$260841758

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$157957987
Other Operating Revenue	\$4978524
Total Operating Revenue	\$162936511

#### 4. Operating Expenses

Salaries and Wages	\$64203709	Employee Benefits	\$18877161
Depreciation and Amortization	\$6983233	Interest Expense	\$2217374
Bad Debt	\$5802986	Other Expenses	\$49562569
Total Operating Expenses	\$147647032		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$15289479	Total Assets	\$172925952
Net Non-operating Gains over Loss	\$-170386	Total Liabilities	\$50789306
Total Net Gains	\$15119093		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$191667359	\$131282516	\$60384843
Medicaid	\$59555716	\$30099906	\$29455810
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$167576670	\$99459336	\$68117334
Total	\$418799745	\$260841758	\$157957987

### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$64528	\$76872	\$-12344

### Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

### Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$1191687	\$-1191687
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$32375	\$-32375

Number of Medical Professionals Trained	805
Number of Hospital Patients Educated	214199
Number of Citizens Exposed to Health Education Messages	15995

### Statement Six: Charity Statement

Hospital Charity Charges	\$13386987
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$4879597	
HCI Payments	\$0		
Subtotal	\$0	\$4879597	\$-4879597
Medicaid Shortfalls	\$7102111	\$16538641	
Subtotal	\$7102111	\$21418238	\$-14316127
DSH Payments	\$0		
Subtotal	\$7102111	\$21418238	\$-14316127
Medicare Shortfalls	\$41490698	\$66229774	
Other Government Programs	\$0	\$0	
Total	\$48592809	\$87648012	\$-39055203

### Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$1000177	\$-1000177
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$47040	\$-47040
Other Allocations	\$0	\$0	\$0